



# WELL CHILD EXAM - INFANCY: 9 MONTHS

(Meets EPSDT Guidelines)

DATE

INFANCY: 9 MONTHS				
PARENT TO COMPLETE ABOUT THE CHILD	CHILD'S NAME		BROUGHT IN BY:	DATE OF BIRTH
	ALLERGIES		CURRENT MEDICATIONS	
	ILLNESSES/ACCIDENTS/PROBLEMS/CONCERNS SINCE LAST VISIT		TODAY I HAVE A QUESTION ABOUT:	
	YES NO <input type="checkbox"/> <input type="checkbox"/> My baby can feed self with fingers.		YES NO <input type="checkbox"/> <input type="checkbox"/> My baby can move around on his/her own.	
	<input type="checkbox"/> <input type="checkbox"/> My baby understands some words.		<input type="checkbox"/> <input type="checkbox"/> My baby plays games like peek-a-boo or pat-a-cake.	
<input type="checkbox"/> <input type="checkbox"/> My baby sleeps through the night.		<input type="checkbox"/> <input type="checkbox"/> My baby can see and hear.		
<input type="checkbox"/> <input type="checkbox"/> I do not have frequent times of sadness.				
WEIGHT KG./OZ. PERCENTILE		HEIGHT CM/IN. PERCENTILE		HEAD CIR. PERCENTILE
<input type="checkbox"/> Review of systems <input type="checkbox"/> Review of family history				
Screening:      N      A				
Hearing <input type="checkbox"/> <input type="checkbox"/> _____				
Vision <input type="checkbox"/> <input type="checkbox"/> _____				
Development: Circle area of concern				
Adaptive/Cognitive      Language/Communication				
Gross Motor      Social/Emotional      Fine Motor				
Behavior <input type="checkbox"/> <input type="checkbox"/> _____				
Mental Health <input type="checkbox"/> <input type="checkbox"/> _____				
Physical:      N      A      N      A				
General appearance <input type="checkbox"/> <input type="checkbox"/> Chest <input type="checkbox"/> <input type="checkbox"/>				
Skin <input type="checkbox"/> <input type="checkbox"/> Lungs <input type="checkbox"/> <input type="checkbox"/>				
Head/Fontanelle <input type="checkbox"/> <input type="checkbox"/> Cardiovascular/Pulses <input type="checkbox"/> <input type="checkbox"/>				
Eyes (Cover/Uncover) <input type="checkbox"/> <input type="checkbox"/> Abdomen <input type="checkbox"/> <input type="checkbox"/>				
Ears <input type="checkbox"/> <input type="checkbox"/> Genitalia <input type="checkbox"/> <input type="checkbox"/>				
Nose <input type="checkbox"/> <input type="checkbox"/> Spine <input type="checkbox"/> <input type="checkbox"/>				
Oropharynx/Teeth <input type="checkbox"/> <input type="checkbox"/> Extremities <input type="checkbox"/> <input type="checkbox"/>				
Neck <input type="checkbox"/> <input type="checkbox"/> Neurologic <input type="checkbox"/> <input type="checkbox"/>				
Nodes <input type="checkbox"/> <input type="checkbox"/>				
Describe abnormal findings and comments:				
_____				
_____				
_____				
NEXT VISIT: 12 MONTHS OF AGE				
HEALTH PROVIDER SIGNATURE				
HEALTH PROVIDER ADDRESS				

Diet \_\_\_\_\_

Elimination \_\_\_\_\_

Sleep \_\_\_\_\_

☐ Review Immunization Record      ☐ Lead Exposure

☐ Fluoride Supplements      ☐ Fluoride Varnish      ☐ Hct/Hgb

☐ Tb

Health Education: (Check all discussed/handouts given)

☐ Family Planning      ☐ Safety      ☐ No Bottle in Bed

☐ Development      ☐ Crib Safety      ☐ Infant Bond

☐ Feeding      ☐ Fever      ☐ Teeth Care      ☐ Bedtime ritual

☐ Language Stimulation      ☐ Stranger Anxiety

☐ Appropriate Car Seat      ☐ Child care      ☐ Passive Smoke

☐ Poison Prevention

☐ Other: \_\_\_\_\_

Assessment/Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IMMUNIZATIONS GIVEN

REFERRALS

HEALTH PROVIDER NAME

HEALTH PROVIDER ADDRESS

# Your Baby's Health at 9 Months

## Milestones

### Ways your baby is developing between 9 and 12 months of age.

Crawls around the floor.

Stands up and moves holding onto furniture.

May begin walking.

Points at things he wants.

Drinks from a cup and feeds himself.

Plays games such as Pat-a-cake and Peek-a-boo.

Starts to say words such as "mama," "papa," and "bye-bye."

### You help your baby learn new skills by playing with her.

## For Help or More Information

**Free developmental screening:** Healthy Mothers, Healthy Babies Information and Referral Line, 1-800-322-2588 (voice) or 1-800-833-6388 (TTY Relay)

**Car seat safety:** Safety Restraint Coalition, 1-800-BUCK-L-UP (voice) or 1-800-833-6388 (TTY Relay)

**Babies with special needs:** Parent to Parent, 1-800-821-5927.

### Poison Prevention:

Washington Poison Center  
1-800-732-6985 (voice)  
1-800-572-0639 (TTY Relay)  
Call 911 in an emergency.

**Parenting Skills or Support:** Family Help line, 1-800-932-HOPE (4673), Family Resources Northwest, 1-888-746-9568, Local Community College Classes

## Health Tips

Continue breast feeding as long as possible, for at least the first year.

Breast milk or formula is still your baby's most important food. He also needs to eat soft, mashed solid foods.

Keep your baby's new teeth healthy. Clean them after feedings. Use the corner of a clean cloth or a tiny, soft toothbrush. Avoid giving her a bottle in bed.

Antibiotics are not always the best medicine. They do not work for colds and other viruses. Giving your baby antibiotics when they are not needed can be harmful.

Let your baby practice using a cup. Offer water, breast milk, or formula in a cup with a spout. If he uses a bottle, plan to switch to a cup at about age 1.

Wash your hands often, especially after diaper changes and before feedings. Wash your baby's toys with soap and water.

## Parenting Tips

Every baby develops in his own way. Your baby should keep learning and changing. If you think he is not developing properly, talk to your doctor or nurse. For free developmental screening, call Healthy Mothers, Healthy Babies (see number at left).

## Safety Tips

Always watch your baby in the bathtub. Drowning can happen quickly and silently in only a few inches of water. Take her with you if you have to leave the room.

Buckle up your baby in a car seat facing the rear of the car for the whole first year. Keep him in the back seat, the safest place for children to ride.

## Guidance to Physicians and Nurse Practitioners for Infancy (9 months)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

### Fluoride Screen

Look for white spots or decay on teeth. Check for history of decay in family. Fluoride supplements should be considered for all children drinking fluoride deficient (<0.6 ppm F) water. Before supplements are prescribed, it is essential to know the fluoride concentration of the patient's drinking water. Once the fluoride level of the water supply has been evaluated, either through contacting the public health officials or water analysis, as well as evaluating other sources of fluoride, the daily dosage schedule can be recommended. Pediatric Dentistry: Reference Manual 1999--00.(21)5.

### Tuberculosis Screen

Screen for these risk factors:

- Members of household with tuberculosis or in close contact with those who have the disease.
- In close contact with recent immigrants or refugees from countries in which tuberculosis common (e.g., Asia, Africa, Central and South America, Pacific Islands); migrant workers; residents of correctional institutions or homeless shelters or persons with certain underlying medical disorders.

### Developmental Milestones

Always ask about and follow-up on parent concerns about development or behavior. You may use the following screening list, or use the Ages and Stages Questionnaire, the Denver II, the ELMS2 (a language screen), or the MacArthur Communication Development Inventory.

Yes    No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Sits without support.</u>                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Stands holding on.</u>                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Cruises.                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Imitates speech sounds.</u>               |
| <input type="checkbox"/> | <input type="checkbox"/> | Thumb-finger grasp.                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Says "Dada" or Mama" nonspecifically.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Responds to name.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Plays "Peek-a-boo."                          |

Avoids eye contact.
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**Instructions for developmental milestones:** At least 90% of infants should achieve the underlined milestones by this age. If you have checked "no" on any two items or even one of the underlined items, or the **boxed item** (abnormal behavior at this age), refer the infant for a formal developmental assessment.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the U.S. Centers for Disease Control and Prevention. **Parents and providers may call Healthy Mothers, Healthy Babies (1-800-322-2588) with questions or concerns on childhood development.**